

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

|   |   |                                |
|---|---|--------------------------------|
| <b>In the Matter of the Accusation Against:</b> | ) |                                |
|   | ) |                                |
|   | ) |                                |
| <b>DANIEL G. WHITE, M.D.</b>                    | ) | <b>Case No. 12-2009-201223</b> |
|   | ) |                                |
| <b>Physician's and Surgeon's</b>                | ) |                                |
| <b>Certificate No. G 59557</b>                  | ) |                                |
|   | ) |                                |
| <b>Respondent.</b>                              | ) |                                |
| _____   | ) |                                |

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on August 2, 2012.

IT IS SO ORDERED July 3, 2012.

**MEDICAL BOARD OF CALIFORNIA**



By: \_\_\_\_\_  
Hedy Chang, Chair  
Panel B

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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*Attorneys for Complainant*

8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 12-2009-201223

12 **DANIEL G. WHITE, M.D.**  
13 **3900 LAKEVILLE HIGHWAY**  
**PETALUMA, CA 94954**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 **Physician's and Surgeon's Certificate**  
15 **No. G 59557**

16 Respondent.

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
22 California. She brought this action solely in her official capacity and is represented in this matter  
23 by Kamala D. Harris, Attorney General of the State of California, by Brenda P. Reyes, Deputy  
24 Attorney General.

25 2. Respondent Daniel G. White, M.D. (Respondent) is represented in this proceeding by  
26 attorney Kenneth L. Freeman, Esq., whose address is: 4104 24th Street, Box 770, San Francisco,  
27 CA 94114.

28 ///

3. On or about February 2, 1987, the Medical Board of California issued Physician's and Surgeon's Certificate No. G 59557 to Daniel G. White, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 12-2009-201223 and will expire on August 31, 2012, unless renewed.

## JURISDICTION

4. Accusation No. 12-2009-201223 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 10, 2011. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 12-2009-201223 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 12-2009-201223. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 12-2009-201223, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First and Fourth Causes for Discipline of the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 59557 issued to Respondent Daniel G. White, M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall

1 provide any information and documents that the program may deem pertinent. Respondent shall  
2 successfully complete the classroom component of the program not later than six (6) months after  
3 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
4 time specified by the program, but no later than one (1) year after attending the classroom  
5 component. The professionalism program shall be at Respondent's expense and shall be in  
6 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

7 A professionalism program taken after the acts that gave rise to the charges in the  
8 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
9 or its designee, be accepted towards the fulfillment of this condition if the program would have  
10 been approved by the Board or its designee had the program been taken after the effective date of  
11 this Decision.

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the program or not later  
14 than 15 calendar days after the effective date of the Decision, whichever is later.

15 3. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the  
16 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
17 equivalent to the Professional Boundaries Program offered by the Physician Assessment and  
18 Clinical Education Program at the University of California, San Diego School of Medicine  
19 ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's  
20 assessment of Respondent's competency, mental health and/or neuropsychological performance,  
21 and at minimum, a 24 hour program of interactive education and training in the area of  
22 boundaries, which takes into account data obtained from the assessment and from the Decision(s),  
23 Accusation(s) and any other information that the Board or its designee deems relevant. The  
24 Program shall evaluate Respondent at the end of the training and the Program shall provide any  
25 data from the assessment and training as well as the results of the evaluation to the Board or its  
26 designee.

27 Failure to complete the entire Program not later than six (6) months after Respondent's  
28 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees

1 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
2 from the assessment, education, and training, the Program shall advise the Board or its designee  
3 of its recommendation(s) for additional education, training, psychotherapy and other measures  
4 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
5 Program recommendations. At the completion of the Program, Respondent shall submit to a final  
6 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.  
7 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
8 the Continuing Medical Education (CME) requirements for renewal of licensure.

9 The Program has the authority to determine whether or not Respondent successfully  
10 completed the Program.

11 A professional boundaries course taken after the acts that gave rise to the charges in the  
12 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
13 or its designee, be accepted towards the fulfillment of this condition if the course would have  
14 been approved by the Board or its designee had the course been taken after the effective date of  
15 this Decision.

16 4. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,  
17 Respondent shall submit to the Board or its designee for prior approval the name and  
18 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
19 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
20 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall  
21 undergo and continue psychotherapy treatment, including any modifications to the frequency of  
22 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

23 The psychotherapist shall consider any information provided by the Board or its designee  
24 and any other information the psychotherapist deems relevant and shall furnish a written  
25 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
26 psychotherapist any information and documents that the psychotherapist may deem pertinent.

27 Respondent shall have the treating psychotherapist submit quarterly status reports to the  
28 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric

1 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of  
2 probation, Respondent is found to be mentally unfit to resume the practice of medicine without  
3 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the  
4 period of probation shall be extended until the Board determines that Respondent is mentally fit  
5 to resume the practice of medicine without restrictions.

6 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

7 5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective  
8 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
9 practice monitor, the name and qualifications of one or more licensed physicians and surgeons  
10 whose licenses are valid and in good standing, and who are preferably American Board of  
11 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
12 personal relationship with Respondent, or other relationship that could reasonably be expected to  
13 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
14 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
15 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

16 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
17 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
18 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
19 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
20 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
21 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
22 signed statement for approval by the Board or its designee.

23 Within 60 calendar days of the effective date of this Decision, and continuing for two (2)  
24 years of probation, Respondent's practice shall be monitored by the approved monitor.

25 Respondent shall make all records available for immediate inspection and copying on the  
26 premises by the monitor at all times during business hours and shall retain the records for the  
27 entire term of probation.

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1 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
2 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
3 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
4 shall cease the practice of medicine until a monitor is approved to provide monitoring  
5 responsibility.

6 The monitor shall submit a quarterly written report to the Board or its designee which  
7 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
8 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
9 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
10 that the monitor submits the quarterly written reports to the Board or its designee within 10  
11 calendar days after the end of the preceding quarter.

12 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
13 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
14 name and qualifications of a replacement monitor who will be assuming that responsibility within  
15 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
16 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
17 notification from the Board or its designee to cease the practice of medicine within three (3)  
18 calendar days after being so notified Respondent shall cease the practice of medicine until a  
19 replacement monitor is approved and assumes monitoring responsibility.

20 In lieu of a monitor, Respondent may participate in a professional enhancement program  
21 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
22 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
23 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
24 and education. Respondent shall participate in the professional enhancement program at  
25 Respondent's expense during the term of probation.

26 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
27 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
28 where: 1) Respondent merely shares office space with another physician but is not affiliated for

1 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
2 location.

3 If Respondent fails to establish a practice with another physician or secure employment in  
4 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
5 Respondent shall receive a notification from the Board or its designee to cease the practice of  
6 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
7 practice until an appropriate practice setting is established.

8 If, during the course of the probation, the Respondent's practice setting changes and the  
9 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
10 shall notify the Board or its designee within 5 calendar days of the practice setting change. If  
11 Respondent fails to establish a practice with another physician or secure employment in an  
12 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
13 shall receive a notification from the Board or its designee to cease the practice of medicine within  
14 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
15 appropriate practice setting is established.

16 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
17 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
18 Chief Executive Officer at every hospital where privileges or membership are extended to  
19 Respondent, at any other facility where Respondent engages in the practice of medicine,  
20 including all physician and locum tenens registries or other similar agencies, and to the Chief  
21 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
22 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
23 calendar days.

24 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

25 8. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
26 prohibited from supervising physician assistants.

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1           9.   OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
2 governing the practice of medicine in California and remain in full compliance with any court  
3 ordered criminal probation, payments, and other orders.

4           10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
5 under penalty of perjury on forms provided by the Board, stating whether there has been  
6 compliance with all the conditions of probation.

7           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
8 of the preceding quarter.

9           11. GENERAL PROBATION REQUIREMENTS.

10          Compliance with Probation Unit

11          Respondent shall comply with the Board's probation unit and all terms and conditions of  
12 this Decision.

13          Address Changes

14          Respondent shall, at all times, keep the Board informed of Respondent's business and  
15 residence addresses, email address (if available), and telephone number. Changes of such  
16 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
17 circumstances shall a post office box serve as an address of record, except as allowed by Business  
18 and Professions Code section 2021(b).

19          Place of Practice

20          Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
21 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
22 facility.

23          License Renewal

24          Respondent shall maintain a current and renewed California physician's and surgeon's  
25 license.

26          ///

27          ///

28          ///

1        Travel or Residence Outside California

2        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
4 (30) calendar days.

5        In the event Respondent should leave the State of California to reside or to practice  
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
7 departure and return.

8        12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
9 available in person upon request for interviews either at Respondent's place of business or at the  
10 probation unit office, with or without prior notice throughout the term of probation.

11        13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
14 defined as any period of time Respondent is not practicing medicine in California as defined in  
15 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
16 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
17 time spent in an intensive training program which has been approved by the Board or its designee  
18 shall not be considered non-practice. Practicing medicine in another state of the United States or  
19 Federal jurisdiction while on probation with the medical licensing authority of that state or  
20 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
21 not be considered as a period of non-practice.

22        In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
23 months, Respondent shall successfully complete a clinical training program that meets the criteria  
24 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
25 Disciplinary Guidelines" prior to resuming the practice of medicine.

26        Respondent's period of non-practice while on probation shall not exceed two (2) years.

27        Periods of non-practice will not apply to the reduction of the probationary term.

28        Periods of non-practice will relieve Respondent of the responsibility to comply with the

1 probationary terms and conditions with the exception of this condition and the following terms  
2 and conditions of probation: Obey All Laws; and General Probation Requirements.

3 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
4 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
5 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
6 be fully restored.

7 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
8 of probation is a violation of probation. If Respondent violates probation in any respect, the  
9 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
10 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
11 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
12 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
13 the matter is final.

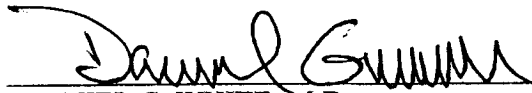
14 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
15 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
16 the terms and conditions of probation, Respondent may request to surrender his or her license.  
17 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
18 determining whether or not to grant the request, or to take any other action deemed appropriate  
19 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
20 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
21 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
22 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
23 application shall be treated as a petition for reinstatement of a revoked certificate.

24 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
25 with probation monitoring each and every year of probation, as designated by the Board, which  
26 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
27 California and delivered to the Board or its designee no later than January 31 of each calendar  
28 year.

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kenneth L. Freeman, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

5/23/2012

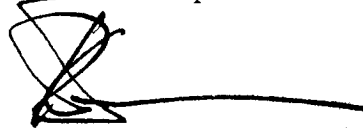


DANIEL G. WHITE, M.D.  
Respondent

I have read and fully discussed with Respondent Daniel G. White, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

5-24-12



KENNETH L. FREEMAN, Esq.  
Attorney for Respondent


#### ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated:

5/30/12

KAMALA D. HARRIS  
Attorney General of California  
JOSE R. GUERRERO  
Supervising Deputy Attorney General



BRENDA P. REYES  
Deputy Attorney General  
Attorneys for Complainant

SF2010203064  
Stipulation.rtf

**Exhibit A**

**Accusation No. 12-2009-201223**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO MAY 10, 2011  
BY: J. Felchak ANALYST

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*Attorneys for Complainant*

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 12-2009-201223

**DANIEL G. WHITE, M.D.**  
**3900 LAKEVILLE HIGHWAY**  
**PETALUMA, CA 94954**

**A C C U S A T I O N**

**Physician's and Surgeon's Certificate**  
**No. G 59557**

Respondent.

Complainant alleges:

**PARTIES**

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about February 2, 1987, the Medical Board of California issued Physician's and Surgeon's Certificate Number G 59557 to Daniel G. White, M.D. (respondent). At all times relevant to the charges brought herein this license has been in full force and effect. Unless renewed, the certificate will expire on August 31, 2012.

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## JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board),<sup>1</sup> Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states, in relevant part:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

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<sup>1</sup> The term "board" means the Medical Board of California. "Division of Medical Quality" shall be deemed to refer to the Board. (Bus. & Prof. Code, § 2002.)



1 continued to have chronic abdominal discomfort and weight loss. A CT scan of E.U.'s abdomen  
2 and pelvis on April 14, 2008, showed no abnormalities.

3 11. Patient E.U.'s past medical history also included undiagnosed appendicitis that  
4 resulted in a rupture, surgical complications, and a prolonged hospitalization. E.U. developed a  
5 distrust of physicians as a result of the delay in finding the cause of her abdominal symptoms as  
6 appendicitis.

7 12. When E.U. saw respondent on April 21, 2008, she reported symptoms including  
8 weight loss of 16 lbs. over the past year; chills for one week; increased urinary frequency;  
9 rhinorrhea, increased after meals; excessive thirst; and, muscle weakness. E.U. expressed  
10 concern that her complaints were not being sufficiently investigated to find explanations for her  
11 symptoms and if they were related to her lymphoid polyp. Examination was positive for a 1 cm  
12 lymph node at the right anterior cervical area. The lymph node was non tender and other shotty  
13 lymph nodes were found on the right neck and in both inguinal areas, but no axillary lymph  
14 nodes. Multiple labs and a CT scan of the chest to evaluate the lymph node were ordered, all of  
15 which came back normal. Respondent failed to document an assessment and plan in the record.

16 13. On April 28, 2008, respondent saw E.U. regarding her complaint of continued  
17 anterior cervical adenopathy. E.U. requested a biopsy of the lymph node. Respondent  
18 documented an examination and discussion of care with E.U., and that consultation requests were  
19 sent to surgery, IR (?), and HNS (?), but that it was "unlikely that any will bx (biopsy) nodes."

20 14. Also on April 28, 2008, respondent received an e-mail at Kaiser from an individual  
21 (C.J.), who said she was writing at the request of E.U.'s mother. C.J. reported that E.U. at age 12  
22 abruptly stopped socializing with peers; that E.U. has "very strict OCD like habits;" and, that over  
23 the previous two years E.U. had developed "a more heightened flattened affect." There is no  
24 indication in E.U.'s medical records of any follow-up by respondent to the information provided  
25 in the e-mail.

26 15. On April 29, 2008, E.U. e-mailed respondent at Kaiser with concerns about not  
27 getting hungry and her frustration with the responses of previous doctors to this complaint. E.U.  
28 also stated that she felt that something was truly wrong with her. Later that same day, E.U. sent

1 respondent a second e-mail stating that she had googled "cancer dehydration" and she reported on  
2 what she had read. Respondent sent a reply e-mail asking E.U. what website she had read and  
3 what it meant to her, and he stated "We have to get together and discuss life." From this point on,  
4 until respondent transferred E.U.'s care to another physician in June 2009, respondent regularly  
5 exchanged e-mails with E.U., including during times when E.U. was away at college.

6 16. On May 1, 2008, E.U. e-mailed respondent that over a recent two day period she had  
7 eaten more than she had in quite awhile and that she had hurt herself accidentally a couple of times.  
8 E.U. stated that she could only eat small amounts without hurting herself and that she believed the  
9 pain she had was related to the amount of glycogen she had stored. At 11:07 p.m., respondent sent  
10 an e-mail to E.U.: "You shouldn't have pain w/ eating at all. You should buy me lunch and then I  
11 can watch you eat and check you as you develop symptoms. OK, not that funny. If you're still  
12 having eating related pain, I need to see you."

13 17. The following day, E.U. sent respondent an e-mail asking when he wanted her to  
14 come in and what he intended to examine and test. Respondent replied that E.U. should come in  
15 when it was convenient for her and that he would ask her questions about her "psychic,  
16 emotional, spiritual well-being as these are important to me in the evaluation of health, well-being  
17 and illness."

18 18. On May 9, 2008, E.U. saw an ear, nose, and throat specialist at Kaiser to rule out  
19 cervical adenopathy. The findings were normal.

20 19. On May 12, 2008, respondent saw E.U. regarding her ongoing complaints and fear of  
21 illness. Respondent documented a physical examination, a "long discussion re sx's, possible  
22 stress relationship, parents' divorce," and he ordered extensive labs and an MRI of E.U.'s head  
23 and neck to thyroid to rule out pituitary disease. The labs all came back normal. The MRI was  
24 done on June 20, 2008, and came back normal.

25 20. On June 2, 2008, E.U. had a repeat sigmoidoscopy by another physician to rule out  
26 persistent lesion. A small inflammatory polyp was removed and sent for biopsy. The polyp was  
27 benign.

28 ///

1           21. On June 12, 2008, E.U. sent an e-mail to respondent asking if she could get her  
2 thyroid tested again. E.U. reported that since June 6, 2008, she had been feeling hungry way  
3 more than usual and had been eating way more than usual but that she could not eat enough.  
4 Respondent replied asking E.U. if she had been monitoring her weight and commenting that it  
5 appeared that E.U. had "experienced a shift in consciousness of some sort."

6           22. On June 22, 2008 (Sunday) respondent sent E.U. an e-mail: "Your MRI [of June 20,  
7 2008] is perfectly normal. When are we going to chat again?" E.U. replied that she felt worn  
8 down and expressed concern about feeling hungry only in her throat. Respondent responded the  
9 following morning and wrote that they would discuss her symptoms and diagnosis at her  
10 upcoming appointment.

11           23. On June 24, 2008, respondent saw E.U. to review the MRI results and to "discuss  
12 other evaluation or investigation." Respondent documented an examination and "long discussion  
13 re role of non-physical factors in determining our health and well being. Concern re amenorrhea  
14 and osteoporosis." Respondent advised E.U. to take vitamin D and calcium supplements and he  
15 noted that E.U. would discuss amenorrhea with her gynecologist.

16           24. On July 9, 2008, E.U. sent an e-mail to respondent asking him to "make it possible"  
17 to have a second radiologist interpret her recent MRI. On July 10, 2008, respondent wrote E.U.: I  
18 want you to know I am touched deeply by your beautiful hand created card and overwhelming  
19 note. I simply haven't had time to respond in the way I want. Same goes for your concerns  
20 expressed below. Come in to see me so we can talk about the issues and so I can see how you're  
21 really feeling." E.U. responded that she would not be able to come in for awhile as she had an  
22 out-of-town relative visiting.

23           25. On July 19, 2008, respondent sent E.U. an e-mail reporting that he had discussed her  
24 MRI with a second radiologist who agreed with the reading of the first radiologist. Respondent  
25 further wrote: "So, how are your doing? What are you doing? How is your life, challenges,  
26 gratifications? Please let me know." On August 1, 2008, E.U. replied that she was doing ok and  
27 that she planned to return to school in San Diego in September. E.U. requested a referral to a  
28 nutritionist "because my parents are saying they won't let me go back to school until I see one

1 and talk about my veganism.” On August 3, 2008, respondent wrote E.U. that he had sent a  
2 referral to a nutritionist who would get in touch with her.

3 26. On August 8, 2008, E.U. sent respondent an e-mail regarding work, a summer school  
4 course she had taken, and plans for returning to school. On August 10, 2008, respondent wrote  
5 E.U.: “Dear Liz, I feel so fortunate to participate in the lives of my patients and to see growth and  
6 strength where there was fear and reticence. You are truly an amazing human being. If you don’t  
7 keep me informed of your plans and successes (or failures), I’ll never forgive you! You need to  
8 see the movie Cool Hand Luke to really appreciate what we go through to not listen. Fear has  
9 nothing to do with a sociopathic personality. While it’s an old movie, Paul Newman is superb.  
10 I’m thrilled to know you enjoyed your bio and I’m not surprised. After all, I’m still convinced  
11 you are going to be a neurologist.”

12 27. On August 20, 2008, E.U. sent respondent an e-mail reporting that her relationship  
13 with her mother had improved a lot over the summer. On August 24, 2008, respondent wrote  
14 E.U., in part: “I think you are truly remarkable. You have power, strength, resilience and terrific  
15 insight. Thank you for bringing me into your life and plan on keeping me in it as I’m very  
16 interested in your progress.” E.U. replied: “You sure do know how to make a person feel  
17 special.” On August 31, 2008, respondent wrote back: “Dear Liz, Shoot girl! Now what is it I’ve  
18 been saying to you? I don’t do anything to make you feel special. You ARE special!”

19 28. On October 11, 2008, after she had returned to school, E.U. sent respondent an e-mail  
20 reporting that she was having sleep problems and asking what she could do. On October 15,  
21 2008, respondent replied telling E.U. that it was great to hear from her and advising that he had  
22 sent a prescription for Ambien to the pharmacy for her. Respondent ended the e-mail with: “Call  
23 me sometime and tell me how life is.” On October 21, 2008, E.U. responded and reported on her  
24 sleep problems, school activities, and that she had met a guy. On October 26, 2008, respondent  
25 replied: “Dear Liz, Thanks for the update. Sometime, when you have time, you’ll have to tell me  
26 about your \*boyfriend\*.”

27 29. On December 31, 2008, respondent saw E.U. who presented with a complaint of  
28 excessive thirst for four months. There is a notation at this visit that E.U. had previous extensive

1 work up for perceived illness. Review of systems was positive for polydipsia and thirst, no  
2 polyphagia, no polyuria, positive for weight gain and she was trying to gain weight. Respondent  
3 noted examination of general appearance, mental status, neck and lymphatics, all of which were  
4 normal. Multiple labs were ordered by respondent. Vitamin D was low at 14 (normal is 30) and  
5 ferritin was low at 6 (normal is 22). Respondent documented that the total visit time face to face  
6 with the patient was 35 minutes and that 30 minutes was spent in counseling and discussion  
7 regarding stress, symptomatology, and concerns for illness. At the end of this visit, respondent  
8 invited E.U. to see him whenever she wanted. He told her that she did not need to make an  
9 appointment.

10 30. On January 1, 2009, E.U. sent respondent an e-mail inquiring about the lab test  
11 results. Respondent wrote back explaining the results and he asked E.U. to call him that weekend  
12 "so we can discuss any concerns." Respondent provided E.U. with his home telephone number.

13 31. In January and early February 2009, E.U. and respondent exchanged multiple e-mails  
14 in which E.U. expressed concerns about Nephrogenic Diabetes Insipitous and Celiac disease.  
15 E.U. reported multiple symptoms including tingling in her feet, that she was forgetful and moody,  
16 that she could not focus in class, diarrhea, gray stools, bone pain, that her fingers pulsated, and  
17 itching. On or about January 4, 2009, respondent signed orders for E.U. to have labs done at that  
18 time, in one month, and in four months in San Diego. By the end of January, E.U. reported a  
19 complaint of dehydration again. By January 20, 2009, the diagnosis of Multiple Somatic  
20 Complaints was added to E.U.'s Problem List in the Kaiser records.

21 32. On February 17, 2009, E.U. reported in an e-mail to respondent that she was crying at  
22 the drop of a hat and that all she wanted to do was sit in her room and watch television. In  
23 response, respondent told E.U. to call him and he provided his home and voicemail telephone  
24 numbers.

25 33. On February 27, 2009, E.U. sent respondent an e-mail stating that she thought she had  
26 iron deficiency anemia caused by celiac disease. Respondent replied asking E.U. why she  
27 thought that and what signs and symptoms she had. Also on this date, Major Depression, Single  
28 Episode was added to E.U.'s Problem List in the Kaiser record. No office visit is noted.

1 Respondent's progress note for this date documented, "progressively deepening depression . . .  
2 Mood has lifted, less heavy feeling, no adv. effects." Respondent prescribed Zoloft (an  
3 antidepressant) to E.U. There is no documentation in the record that respondent referred E.U. to a  
4 psychiatrist or other mental health specialist for treatment. There is no documentation in the  
5 record of any follow up by respondent to the diagnosis of depression and prescribing of Zoloft.

6 34. On September 7, 2010, respondent was interviewed by a Medical Board Investigator  
7 and District Medical Consultant regarding his care and treatment of patient E.U. At the  
8 interview, respondent stated that he believed E.U. was seeing a mental health professional in  
9 Southern California at the time he diagnosed E.U. with depression and prescribed Zoloft.  
10 Respondent did not document this information in the medical record. Nor did respondent  
11 document that he consulted with the Southern California mental health professional regarding  
12 E.U.'s depression and treatment.

13 35. During March 2009, E.U. requested and had an upper gastrointestinal endoscopy for  
14 her celiac disease complaints. Small bowel biopsies were done and were all normal.

15 36. On March 20, 2009, E.U. sent respondent an e-mail notifying him that she would be  
16 flying home from school the following day. Respondent replied, asking E.U. to call him if she  
17 had time.

18 37. On or about March 24 or 25, 2009, E.U. saw respondent at his office after hours from  
19 approximately 5:30 p.m. to 7:30 p.m. E.U. and respondent spent the time talking. At one point  
20 respondent stood behind the chair in which E.U. was seated and massaged her back and arms.  
21 E.U. told respondent that the massage felt good, to which respondent replied, "I know." When  
22 E.U. left, respondent hugged her and told her to come and see him again. At his interview on  
23 September 7, 2010, respondent stated that E.U. was mildly distressed at this visit and that they  
24 discussed her depression and a number of other things. Respondent did not document this visit in  
25 the Kaiser record.

26 38. On or about March 27, 2009, E.U. again appeared at respondent's office after hours  
27 and spent approximately two hours in conversation with respondent, some of which was of a  
28 sexual nature. Afterward, respondent walked E.U. to her car where he stroked her chin, they



1 hugged and said goodbye. E.U. returned to college in San Diego shortly thereafter. Respondent  
2 did not document this visit in the Kaiser record.

3 39. From March 25, 2009 through on or about April 19, 2009, respondent exchanged  
4 numerous e-mails with E.U. through his private e-mail account. On March 31, 2009 and April 1,  
5 2009, E.U. and respondent exchanged several e-mails regarding E.U.'s low libido and sexual  
6 responsiveness. The exchanges included discussion of E.U.'s depression and whether birth  
7 control pills could have caused her depression; and, whether Zoloft may have affected her sexual  
8 responsiveness. Included in the e-mail exchanges during this time was an e-mail from respondent  
9 with a subject heading, "on another topic," the entire text of which read,  
10 "[http://www.dickipedia.org/dick.php?title=Michael Steele.](http://www.dickipedia.org/dick.php?title=Michael%20Steele)"

11 40. On or about April 5, 2009, E.U. sent respondent an e-mail stating that she would be  
12 teaching her first section of Organismic & Evolutionary Biology the following day. Respondent  
13 replied: "So, I'm trying to figure out what is Orgasmic and Evolutionary Biology, having read  
14 yesterday about this concept of \*copulence\* which I'd never heard of before but apparently refers  
15 to the odor of arousal that causes men's testosterone to spike..." E.U. replied: "I'm inclined to  
16 interpret things like that as come ons. It that intentional or no?" Respondent replied: "No. I'm  
17 not so devious, deviant or passive."

18 41. On April 10, 2009, E.U. sent respondent an e-mail: "When you mentioned that you  
19 were getting things out of our relationship that I hadn't intended, I guessed at what you meant, but  
20 I didn't know. As you've shown me, I misread your intentions. I guess I feel a bit gun-shy.  
21 Based on what you've said, I'm guessing you were in a different state of mind in the parking lot  
22 than you are now....? But I can stand to be wrong again. If I am, would you explain this intimate  
23 gesture to me? If you don't want to talk about it anymore, it's okay with me. If not, I really  
24 would like to understand this thing that fascinates me." Respondent replied: "Yes, I'm stimulated  
25 and provoked, whether that's what you intend or not. And I doubt that my state of mind is  
26 different than with that gesture of intimacy. I may be trying to protect you from it. And would  
27 you please delete these strings of email? OMG!! Dan." The following morning, E.U. wrote  
28

1 respondent: "Maybe I don't need or want protection," to which respondent replied, "Sorry I  
2 couldn't talk; it was an awkward spot. I'll call later. We all need protection."

3 42. On April 13, 2009, respondent sent E.U. an e-mail asking how school was going and  
4 if he was interfering with her work by contacting her. The following morning, beginning at 4:40  
5 a.m., respondent and E.U. exchanged e-mails, with E.U. asking respondent if he wanted her to  
6 call anywhere but his desk in the morning. Respondent asked E.U. to call him the following  
7 morning preferably around 6:10 a.m. at his desk.

8 43. On April 16, 2009, at 12:49 p.m., respondent sent E.U. an e-mail in which he wrote  
9 "thinking" under the "subject" heading, with no additional text. That evening, respondent further  
10 wrote E.U.: "I was. And am. And will. I do." E.U. replied: "I meant to ask you about this email.  
11 I love talking to you so, so much." At 10:13 p.m. that evening, respondent wrote E.U.: "call me  
12 in the am, whenever, cell is in my pocket."

13 44. On April 17, 2009, E.U. wrote respondent: "My feet make a little rainbow, actually.  
14 Thank you again for indulging me in sexual fantasy." Respondent replied, "When you're face-up  
15 or face-down? Do they still tingle? Was that fantasy? Sure was real for me." E.U. then wrote:  
16 "What do you mean, face-up or face-down? I meant my second toes are actually smaller than my  
17 first, so it make a little rainbow shape when I put my feet together. The most recent tingle was  
18 this afternoon. For me it was in that fuzzy in-between area between pure fantasy and reality." At  
19 9:29 p.m., respondent replied: "face-up it's a rainbow, face-down a smile. I just think of any  
20 aspect of our talk and I get that small roar between the base of my penis and the top of my  
21 scrotum."

22 45. On April 18, 2009, E.U. received a text on her cell phone from respondent's cell  
23 phone number revealing that respondent's wife had become aware of respondent and E.U.'s  
24 ongoing communications.

25 46. Cell phone records for E.U. obtained as part of the investigation of this matter  
26 revealed that during the two week period between April 9, 2009 and April 24, 2009, respondent  
27 and E.U. spoke for approximately 600 minutes (10 hours). The cell phone records indicate that  
28 on several occasions during this time period respondent and E.U. spoke multiple times a day and

1 that several conversations lasted over an hour. Respondent did not document these telephone  
2 calls with E.U. in the medical record.

3 47. In or about June 2009, respondent transferred E.U.'s care to another primary care  
4 physician at Kaiser.

### 5 **FIRST CAUSE FOR DISCIPLINE**

6 (Gross Negligence)

7 48. Respondent's certificate to practice medicine is subject to disciplinary action for  
8 unprofessional conduct under Business and Professions Code section 2234 (b) for gross  
9 negligence arising from the following conduct, acts and/or omissions:

- 10 A. Respondent failed to refer Patient E.U. for psychiatric evaluation when she presented  
11 with multiple somatic complaints, a history of Anorexia and Bulimia symptoms, and a  
12 report of Obsessive Compulsive Behavior; and/or,  
13 B. Respondent facilitated and fostered the patient's fear of illness with no diagnosis by  
14 referring her for extensive evaluation for Nephrogenic Diabetes Insipidus for which  
15 there was no clinical reason to embark on such a work up; and/or,  
16 C. Respondent violated the boundaries of the physician-patient relationship and exploited  
17 his position of authority in that he met with the patient after hours, provided the patient  
18 with his cell and home telephone numbers and his personal e-mail account; he  
19 inappropriately touched the patient when they met after hours on March 24 or 25, 2009,  
20 and/or March 27, 2009; and, he exchanged e-mails and had telephone conversations  
21 with the patient that were of a personal and sexual nature.

### 22 **SECOND CAUSE FOR DISCIPLINE**

23 (Sexual Misconduct)

24 49. Respondent's certificate to practice medicine is subject to disciplinary action for  
25 unprofessional conduct under Business and Professions Code section 726 for sexual misconduct  
26 in that respondent met with patient E.U. after hours; he provided the patient with his cell and  
27 home telephone numbers and his personal e-mail account; he inappropriately touched the patient  
28

1 when they met after hours on March 24 or 25, 2009, and/or March 27, 2009; and, he exchanged e-  
2 mails and had telephone conversations with the patient that were of a personal and sexual nature.

### 3 **THIRD CAUSE FOR DISCIPLINE**

4 (Repeated Negligent Acts)

5 50. Respondent's certificate to practice medicine is subject to disciplinary action for  
6 unprofessional conduct under Business and Professions Code section 2234 (c) for repeated  
7 negligent acts for the conduct, acts and/or omissions alleged in First and Second Causes for  
8 Discipline.

### 9 **FOURTH CAUSE FOR DISCIPLINE**

10 (Failure to Maintain Adequate and Accurate Records)

11 51. Respondent's certificate to practice medicine is subject to disciplinary action for  
12 unprofessional conduct under Business and Professions Code section 2266 for failure to maintain  
13 adequate and accurate records relating to the provision of services to patient E.U. in that  
14 respondent failed to document an assessment and plan at the patient's initial visit on April 21,  
15 2008; failed to document an examination and follow-up regarding the diagnosis and  
16 pharmacologic treatment for depression; failed to document that he saw the patient on or about  
17 March 24 or 25, 2009, and/or March 27, 2009; and, he failed to document the multiple e-mail  
18 exchanges and telephone conversations he had with the patient between on or about March 25 and  
19 April 19, 2009.

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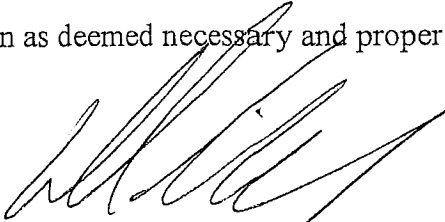
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 59557, issued to Daniel G. White, M.D.;
2. Prohibiting respondent from supervising physician assistants, pursuant to section 3527 of the Code;
3. Ordering respondent, if placed on probation, to pay the costs of probation monitoring; and,
4. Taking such other and further action as deemed necessary and proper.

DATED: May 10, 2011.

  
LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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